MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Reg. Dist. No.

OF DEATH

| | (For rewhorn infants give residence of mother) | noup. | |
|--------------------------------|---|---|---|
| ********* | State Waryland . county Ga | rrett | *************************************** |
| n) | City or town. Oakland, Marylar (if outside city or town timits, write R | nd. | |
| | (if outside city or town limits, write R | URAL and give near | eat town) |
| | Street No. (If rural, give LOCATI | ~>>1> | |
| ******** | 2.(a) If yeleran, name war | ON) | |
| | 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | *************************************** | |
| | 3. (b) |) Social Security N | lumber |
| | | None | |
| | MEDICAL CERTIF | | Р.М. |
| | 20. DATE OF DEATH November 14 | th, 19 48 | 10:3 |
| ey. | 21. I CERTIFY that death occurred on the date above stated; | | |
| | april 26 1947 | | |
| years | and that I last saw half alive on Moreon | her 14 | 19.48 |
| | Immediate cause of death | | OURATION |
| 417 | Cerebral Newmonto | 7.E. | in |
| min. | Cerebral Herrontis | ee | 3 Day |
| | Due to | | |
| | Hy po state men | uma | 2 par |
| | Que to | | |
| | | | |
| | Other conditions | | |
| | | | *************************************** |
| | (Include pregnancy within 3 months of | death) | |
| | Major findings of operations | ****************************** | |
| | *************************************** | Date of op | |
| | Autopsy results | | |
| | PHYSICIAN: Please underline the cause to which death | should be charged st | tatistically. |
| 0 | 22. VIOLENCE: It death was due to esternal causes, till in | the tollowing; | |
| Accident, suicide, or homicide | | Date of | |
| | Where did injury occur? | (Coonty) | (State) |
| | Injured at home, farm, industry, public place (where?) | | |
| | Means of Injury | Injured at work? | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| اريد | N | | 2 |
| , | 11 1h | anu /1 | 22 |
| 30 | | M I) or | other |
| WN | Address Capland M | Date signed | 16 hor 48 |
| R-ortst | Address | Date signed. | . W. V. N. S. A V W |

| 14 | | | | CERI | IFICAI | E OF D | EATH | | Reg. Di |
|---|-------------|---------------|---|----------------------|---|---|-----------------|--|---|
| 1. PLACE OF D | | | | | | 2. USUAL R | ESIDENCE (| (HOME) (| OF DECEASED: |
| County | | | | | | | | | |
| City or town Oakland, Maryland. | | | | | | | | ounty Garre | |
| (If outside city or town limits, writs RURAL and give nearest town) Life time. | | | | | City or town | Vakla | nd, Mai | ryland. | |
| | | | | *********** | *************************************** | | (11 outside c | ity or town timi | its, write RURAL |
| Hospital, Institution, or street address where death occurred: | | | | | Street No | ****************** | | - F () () A MY () \$15 | |
| | | | | | | | | ve LOCATION) | |
| How long in hospital | | ullon? | 1-1 | | | 2.(a) If veleran | , name war | ••••••• | 00,000000000000000000000000000000000000 |
| 3. (a) FULL NA | ME | | COKM | KIL | | | | | 3. (b) Socia |
| | Ma | rs. Con | ra Ali | ce Bailer | V . | | | | I |
| 4. Ses | 5. C | olor or race | 8.(a)Single | ce Baile | vorced | | D.C. | EDICAL C | ERTIFICAT |
| 77 | 200 | | | | | | | | |
| rema. | 丁佳 | White | l ma | rried. | | 20. DATE OF DE | ATN | Novembe | er 14th |
| | | Will | liam W | allace Ba | ailev. | 21. I CERTIFY to | hat death occur | red on the date a | bove stated; that I |
| 6.(b) Name of husbar | | • | *************************************** | | | april | 26 | 10 | 47 7 |
| 7 MILE 4-14 | | | | If alive, give age | years | | | live on Mr | - Ler |
| deceased (mo., day | y. yr.) | August | 7th, | 1876 | | | | | |
| | ars | Months | Days | If less than one day | | | | | |
| 7: | 2 | 2 | 0 | hrs | min. | | releval | | shig E |
| | 1 | 0 | 0 | | | Ces | usual | Herry | muse |
| 9. Birthplace | Garı | rett Co | ounty, | Maryland | | Due to | | P-11-11-11-11-11-11-11-11-11-11-11-11-11 | |
| | | (Town, | eounty, and at | ate) | | Hey | 10 50 | ale (| menno |
| 10. Usual occupation | ٨ | Hous | se wir | e | | Due to | / | V | |
| 11. Industry or busin | ness | SAME TO | | | | 550 10 | | | |
| ad 1 | 10 / 2 15 1 | liam Co | Imer. | | | *************************************** | | | *************************************** |
| 12. Name | | | | | | Other conditions | | | |
| 13. Birthplace | | rett Co | | | | | Analuda nas | manar within 1 | months of death) |
| 14. Malden nam | ne | Carolin | ne Har | man. | | | | | |
| 2 15. Birthplace | (| Garrett | Coun | + 37 | | Major findings | of operations | ***** | |
| | | | - | | | *************************************** | | , | Date |
| 16. Informant | Wrs. | . OLIVE | . bake | r., | | | | | |
| Address | 0: | akland. | Marv | land. | | PHYSICIAN: P | lease underline | e the cause to v | which death should |
| | | | | | 7/40 | 22. VIOLENCE | : It death was | due to esternal ca | auses, till in the tol |
| 17. Burial, cremati | r 1 a | mayoi Whish?) | Date there | (month) (day | (40) (vear) | Accident, suicid | e, or homicide. | | |
| | | Rittir | | emetery. | , (,, | Where did Injury | occur? | (City or town) | |
| Cemetery or crem | | | | | *************************************** | | | (City or town) |) (Coor |
| Location Bittinger, Maryland. | | | | | | Injured at home, | farm, Industry | , public place (| where?) |
| | 5 | ura | 10 | Balt | Dai | Meens of Injury | | | Injured |
| 1B. Funeral director | 1 | INN | ,,,,, | 0 | 1 | | | , | M |
| Address | a | BULL | 2011 | C. M | de | 1 | 1 | 1 | May |
| not | 17 | 4 (| 14.1 | 1210 to | -uran | 23. SIGNATURE | | 1 | 130 |
| 19. (Date rec'd by | registre | r) 19 | - pa | 2009-06 | Registrar | Address | Qui | llang | rus |

HIDASI, SU EKIMISANSA ATARA MAMERIA PARAMETERIA TANDA MENERALI

NOV 20-1948

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| se of death and related causes e as follows: | 1 week ago |
|---|-----------------------|
| | - |
| T | 4 1 |
| 11011 1201 1101 | 1 week ago |
| 1101 20 | 3 days ago |
| UPPAU V. A. | |
| causes of importance: | 1 year |
| 7 | causes of importance: |

Reg. Dist. No. ... 3. (b) Social Security Number DURATION

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

.. Date signed 11 . 75 . F

the Henry is and gramm to severe days and pertugo longer Can mail to him of gan wait My Mangal apple 18 sen Hofas landers RECEIVED DEC 15 1948 BUREAU Y. S.

2411 N. Charles St., Baltimore

11458

112

M

City or town

How lung in above place of death?..

Hospital, Institution, or street address where death occurred:

every item of information carefully. The cite the causes of death clearly and legibly.

EWRITE

EA

RESERVED

MARGIN

| | CERTIFICATE OF DEATH |
|--------------------|--------------------------|
| 1. PLACE OF DEATH: | 2. USUAI. RESIDENCE (H |
| County Garett | (For newborn infants giv |

(If outside city or town limits, write RURAL and give nearest town)

| 2. USUAI. RESIDENCE (H | OME) OF DECEASED: |
|--|--|
| State Md | County Garett |
| City or town Jenning (If outside city of | or town limits, write RURAL and give nearest town) |
| 2.(a) It veteran, name war (1) | of War I |

| How long in hospital or Institution? | | | | | |
|--|--------------------------------------|------|---------------------------------|--|--|
| 3. (a) FULL NAME | | | | | |
| Fredrick Orivel Durst | | | | | |
| 4. Sex | | | , married, widowed, or divorced | | |
| M | White | Ma | arried | | |
| 6.(b) Name of husband or wife Ida Durst 6.(c) If alive, give age 47 years | | | | | |
| 7. Birth date of deceased (mo., day, y | May - | II-I | 397 | | |
| 8. AGE: Years | Months | Days | It less than one day | | |
| 5I | 5 | 24 | min. | | |
| 9. Birthplace. Rural Near Jennings GarettCo.Md (Town, county, and state) 10. Usual occupation. Coal Min&r 11. Industry or business | | | | | |
| 当 12. Name He | ≝ 12. Name Henry Durst | | | | |
| | Rural Jer | | s Md | | |
| Barbara Hare 14. Maiden name Barbara Hare 15. Birthplace Rural Jennings Md | | | | | |
| 2 15. Birthplace | Rural Jer | ning | s Md | | |
| 16. Intermant Mrs Ida Hare | | | | | |
| Address Jennings Md | | | | | |
| Burial Date thereot. II-7-I948 (Burial, cremation, or removal. Which?) (month) (day) (year) Cemetery or crematory. Grantsville | | | | | |
| | Cemetery or crematory Grantsville Nd | | | | |
| | 18. Funeral director Min Minterlet 9 | | | | |
| Address Gra | nțsville | Md | 1 | | |

| | | 3. (b) Social Security | Number |
|--|---|-------------------------|---|
| | | 216-10-53 | 78 |
| | MEDICAL CER | TIFICATION | |
| 2D. DATE OF DEATH | November | 4 19.48 | at 6 T |
| 8-1 | occurred on the date above : | 10 11-4 | 19.44 |
| and that I last saw h.A.M. | Malive on | . 4 | 19.4.6 |
| Immediate anne of dear | th | | DURATION |
| Cori | mary Oci | Noise | |
| Due to | | | *************************************** |
| | | | |
| | *************************************** | | |
| Due to 426 [| | | |
| | | | |
| Other conditions | | | |
| Other conditions(Includ | e pregnancy within 8 mor | tha of death) | |
| Other conditions(Includ | | tha of death) | |
| Other conditions | e pregnancy within 3 mor | tha of death)Date of op | |
| Major findings of opera Autopay results | e pregnancy within 3 mor tions | tha of death) | slatistically. |
| Major findings of opera Autopay results | e pregnancy within 3 mor | tha of death) | slatistically. |

_23. SIGNA

Means of Injury

Address Meyerodale

M. D. or other

Injured at work?



PLEASE WRITE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

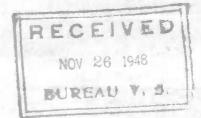
2411 N. Charles St., Baltimore

166

11459

CERTIFICATE OF DEATH

| CERTIFICAL | Reg. Diat. No./ 22 |
|--|---|
| 1. PLACE OF DEATH: County | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County C A Y C C Y City or town |
| 3. (a) FULL NAME 1. Sex 5. Color or race 8. (a) Single, married, widowed, or divorced | 3. (b) Social Security Number 2/6-22-5-429 |
| make white singha | MEDICAL CERTIFICATION 20, DATE OF DEATH. NOTELL US 19 1948 21 630 P. 1 |
| 6.(b) Name of husband or wife T. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 9. Birthplace (Town, county, and state) 10. Usual occupation (Town, county, and state) 11. Industry or business Timble (Town, county, and state) 12. Name (Town, county, and state) 13. Birthplace (Town, county, and state) 14. Maiden name (Town, county, and state) 15. Birthplace (Town, county, and state) | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. and that I last saw h. alive on |
| 15. Birthplace 16. Informant Address 17. Qurial cremation, or removal. Which?) Cemetery or crematory. Date thereof Nov. 21-48 (month) (day) (year) | Autopsy results |
| 18. Funeral director Class. B. Maria director Class director direct | Injured at home, farm, Industry, public place (where?) LUMLIA 1980 1980 1980 1980 1980 1980 1980 1980 |



BINDING

FOR

RESERVED

MARGIN

WRITE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

| 1. PLACE OF DEATH: | 2. USUAI. P.ESIDENCE (HOME) OF DECEASED: (For powborn infants give residence of mother) | | |
|--|--|--|--|
| county Carrett | State Maryland county Garrett | | |
| City or town | | | |
| How long in above place of death? | City or town Rural Grantaville Md. (If outside city or town limits, write RURAL and give nearest town) | | |
| Hospital, institution, or street address where death occurred: | Street No. Keysara Ridge | | |
| | (If rurai, give LOCATION) | | |
| How long in hospital or institution? | 2.(a) I1 veteran, name war | | |
| 3. (a) FULL NAME | 3. (b) Social Security Number | | |
| Barbara Gardner | | | |
| 4. Sex 5. Color or race 6.(4)Single, married, widowed, or divorced | MEDICAL CERTIFICATION | | |
| Female White Widowed | 20. DATE OF DEATH 14 NOV - 19 48 at 8:15 P. M | | |
| S.(b) Name of husband or wife John Gardner | 21. I CERTIFY that death occurred on the date above stated; that I attended depeased from | | |
| 5.(c) If alive, give age Cenned year | s and that I last saw h. exalive on 14 NOV. 19 48 | | |
| deceased (mo., day, yr.) 2-31-1872 | Immediate vause of death OURAHON | | |
| 8. AGE: Years Months Days It less than one day | Coronery Thromboses (?) 3/4 hou | | |
| 75 10 15nin | | | |
| 9. Birthplace ACCLDENT GARRETT - MARILARN. | Due to Arteria - sclerotte | | |
| | Cardio rascular disease . | | |
| 10. Usual occupation Housework | Due to | | |
| t1, Industry or business None | | | |
| 12 Name Charles I. Hanft 13. Birthplace Lonaconing, Md. | Other conditions Security | | |
| I 13. Birthplace Lonaconing, Md. | (Include pregnancy within 3 months of death) | | |
| 14. Maiden name Maragret Swartz | | | |
| 15. Birthplace Germany | Major findings al aperations. | | |
| T. Jan. TT. O.L. | nave | | |
| 16. Informant John Hanft | Autupsy results | | |
| Address Grantsville, Md. | 22. VIOLENCE: If death was due to external causes, fill in the following: | | |
| Burial Bate thereol Nov. 7, 1948 (Burial, cremation, or removal. Which?) | Accident, suicide, or homicide | | |
| C T 13 | | | |
| cemetery or crematory German Lutheran | Where did Injury occur? (City or town) (County) (State) | | |
| Location Cove, Maryland | Injured at home, farm, industry, public place (where?) | | |
| 18. Funeral director Mone Minderles 9 | Means of Injury Injured at work? | | |
| Address / Grantsville Md. | Thomas I. Rush M. D | | |
| AUGUESS / / / / / / / / / / / / / / / / / / | 23. SIGNATUR M. Dorother. | | |
| 19. (Dayle ree'd by registrar) 19 Tulia (1 Augustra) Registra | The Dalland led with Salmont | | |
| (Date rec'd by registrar) Registra | Address Date signed And During | | |

RECEIVED

1

NOV 20 1948

BUREAU Y. S.

VS A15

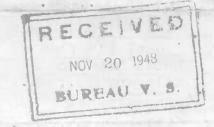
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CEDTIFICATE OF DEATH

11461

| CERTIFICAL | E OF DEATH Reg. Dist. No. |
|--|---|
| I. PLACE OF DEATH: County | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland. State Garrett City or town. (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war. (If rural, give LOCATION) 3.(b) Social Security Number |
| Theadore Harmon Greaser | 212-20-8590 |
| Male S. Color or race 6.(a)Single, married, widowed, or divorced Married | MEDICAL CERTIFICATION 20, DATE OF DEATH NOVember 5, 198 4:45P. |
| 6.(6) Name of husband or wife Ula Burrell Greaser 6.(c) Name of husband or wife 23 7. Birth date of October 12, 1921 | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. Y. 10. Max. 5. 18.4 8. and that I was saw h 1.2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |
| 8. AGE: Years Months Days If less than one day 27 25 | Immediate cause of death |
| 9. Birthplace Garrett Co., Md. (Town, county, and state) Coal Miner 10. Usual occupation 11. Industry or business Coal Mines | Due to. Due to. |
| Thomas Greaser 12. Name. Allegany Co., Md. | Other conditions Archive Coal June (Include pregnancy within 3 months of death) 4 76, 1946 |
| 14. Malden name Anna Evans 15. Birthplace Allegany Co., Md. Thomas Greaser | Major findings of operations. Bate of on |
| Thomas Greaser 16. Informant Vindex, Md. | Autopsy results |
| Burial Nov. 8, 1948 (Burial, cremation, or removal Which?) Nethkin Hill Cemetery Elk Garden, W. Va. | 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide |
| 18. Funeral director Called Telephon Address Oakland, Md. 19 206 1948 Authorish (Date rec'd by registrar) Registrar | 23. SIGNATURE Sulf Culoubella M. D. or other Address Ptyles M. D. or other Date signed Mary 6-41 |



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

| CERTIFICAT | TE OF DEATH Reg. Diat. No. |
|--|--|
| 1. PLACE OF DEATH: County | State County Cou |
| How tong In haspital or institution? | 3. (b) Social Security Number |
| 101 Va . H | a t |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divarced | MEDICAL CERTIFICATION |
| Finale White Widowed | 20. DATE OF DEATH 22 NOV 19 48 at 2 A . 1 |
| 6.(b) Nama of husband or wife Polart J. Hartman | 21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from 10 May 19 48 to 22 NOV 19 |
| T. Birth date of deceased (mo., day, yr.) Ot. 24-1869 | and that I last saw h. e.p. alive on 22 NOV 19. 48 |
| 8. AGE: Years Months Days If less than one day 79 0 27 | Chronic Myocarditis 5 yrs |
| 9. Birthplace Black (Town, county, and state) | Due lo |
| 10. Usual occupation | Due to |
| E 12. Name Flivodose Lausen | Other conditions |
| | (Include pregnancy within 3 months of death) |
| 14. Malden name Surau Co. Taylor 15. Birthplace | Major fiodiogs of operations |
| 16. Informant It - Cernest to Hartman | Aotopsy resolts. |
| Address Cons. Stretch Route 40 Fouth mid | PHYSICIAN: Please ooderlise the cause to which death should be charged statistically. |
| 13 1 2 24-1940 | 22. VIOLENCE: If death was due to external causes, till in the tollowing; |
| (Burial, cremation, or removal, Which?) | Accident, suicide, or homicide |
| Cemetery or crematory Comments of the comm | Whera did Injury occur? |
| Location To approve deput | Injured at home, tarm, industry, public place (where?) Means of injury Injured at work? |
| 18 Funeral director 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | made of titles. |
| Address Frestlang, Mad. | 183 SIGNATURE SHOPE |
| 19. Nov 33 19 48 Min Jalies Thehat Registrar | SALISBURY PA (23 NOV 48 |

RECEIVED

851

NOV 27 1948

BUREAU V. S.

V. S. No. 1 N. B. state

| 4 | . PLACE O | | AIL | | S. No. 220 | 0-16-6244 | 100 |
|---|---|----------------|--|--------------------|---------------------------------|---|-------------------|
| 1 | - | arre | | | To M. | 4 20 26) 1) | 300 |
| | ODOINT | | | tzmiller | 1400 | Un Mine Seeles Registration Dist. No. | <i></i> |
| | Village or (| City Train | ar- Vr | OZULLILGI | (16 | No.Nethken Mine- Peerless St., death occurred in a hospital or institution, give its NAME instead of street and | Ward |
| | Length of res | idence in city | or town where | death occurred | yrsmos | | number) |
| | . FULL NA | ME RO | bert (| liver J | ackson | If U. S. Veteran, specify WARWORLD War | 2 |
| 1 | | | tzmill | or F. 1 | Main St. | St. Ward. Garrett Co., Md. | .~ |
| | (a) Resider | ice: Ne. | V AMIL de alo do | (Usual place | | If nonresident give city or town an | d State |
| ACCOUNTS NO. | PERSON | AL AND | STATIST | ICAL PARTI | CULARS | MEDICAL CERTIFICATE OF DEATH | |
| | ale | 4. COLOR | OR RACE | 5. SINGLE, MAR | RIED, WIDOWED, | 21. DATE OF DEATH | |
| | | | | | | (Month) (Day) | (Year) |
| 5a. | HUSBAND of | FL ady | 3d Marie | (Paugh) | (Sims) Jac | kson 22. I HEREBY CERTIFY, That I attended | deceased from |
| | (or) WIFE of | | | 21 | Yrs. | world to not | 19 |
| 6 | DATE OF BIRTH | (month day | and year) Ja | n. 8, 1 | 926 | Hast saw handlive on 19 | _ : death is said |
| _ | | ars | Months | Days | If LESS than | to have occurred on the date stated above, at // i/J. Am. (?) | |
| | 2 | .2 | 9 | 26 | 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance | |
| _ | 8. Trade, profe | ession, or par | ticular | - | UIIFIIIIIe | were as follows | Date of onset |
| ō | SAMILEN | - DUUNNEEL | s SPINNERDT | | | sonale | KNOWE |
| OCCUPATION | 9. Industry or work wa | business in | which COS | l Mines | | | |
| 000 | SAW WII | LL, DAMA, et | G., | | | | |
| ŏ | 10. Date deceased last worked at this occupation (month and year) | | | | | | |
| | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | oet Wi | | apation | Other Contributory Couses of importance: | 1 |
| 12. | BIRTHPLACE (ci | ity or town) | rett C | o Md | | none | |
| OC | 13. NAMEW1] | | | | | | |
| FATHER | 13, NAME | | | Park. | | | |
| FAT | (State or country) | | Name of operation Date of | | | | |
| œ | | 11115 | Belle | Coulte | | What test confirmed diagnosis? Was there an | autopsy? |
| HE | 15. MAIDEN NAME TRIES (COULT OF) | | 23. If death was due to external causes (VIOLENCE) fill in also the followin | 5 40 | | | |
| 15. MAIDEN NAME LUIA BELLE (COULTER) 16. BIRTHPLACE (city or town) Westernport (State or country) | | | - | | Accident, suicide, or homicide? | 19 | |
| | | | | Md. | | Where did Injury occur? Specify city or town, county and Ste | ote) |
| 17. | INFORMANTMI | S. G. | ler. M | | | Specify whether injury occurred in HOUSTRY, in HOME, or in PUBLIC PI | ACE, |
| 18. | BUROL GEMP | | | u • | | San San | |
| | ElMoGar | _ | V | Datel 7 /7 | / | Manner of injury | |
| | | | Sharpl | | 10 | | 1.25 |
| 19. | UNDERTAKER B | | | | | 24. Was disease or injury in any way related to occupation ordeceased? | 7 |
| | MA | 1/ | 110/ | 11111) | 20701 | (Signed) Survey Survey | 1 / / 11 22 |
| 20. | FILED / MOV | | 40.6 | 11.40.6 | Registrar. | (Address) the deline | of famin |
| | | | If more | blanks are needed. | | 2411 N. Charles Sarget, Politippore, Requesting U. S. No. 1. | Made |
| | | | | | | with Calcutable m. D. Kitzenl | er, md |

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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| Example I | 1 | Example II | |
|--|---------------|---|-----------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related cause of importance were as follows: | S Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis NOV 20 1940 | 3 days ago |
| | | BUREAU Y. S. | |
| Other contributory causes of importance: Gallstones | May 1,1923 | Other contributory causes of importance: Gastroenteritis | 1 year |
| | | P | |
| | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

2411 N. Charles St., Baltimore

938

11464

Nov. 48

CERTIFICATE OF DEATH

| | | | | | Reg. Dist. No | | |
|---|--|-----------------|---|--|------------------------------|----------------|--|
| 1. PLACE OF DI | | | | 2. USUAL RESIDENCE (HOME) Of (For newborn infants give residence of | | | |
| Row long in above place Rospital, Institution, of Kiser Nur | Lake Park outside city or town li te of death? 3 yes or street address where sing Home | mits, write KUR | AL and give nearest town) | State Maryland County Allegheny City or town Lonaconing (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) | | | |
| 3. (a) FULL NAM (7-F4) | 4E | la Knat | z James | | 3. (b) Social Security | Number | |
| 4. Sex | 5. Color or race | 8.(a)Single, m | arried, widowed, or divorced | MEDICAL CI | ERTIFICATION | | |
| Female | white | | dowed | 20. DATE OF DEATH 21 November | 1848 | 8:30P. M | |
| 7. Birth date of | a-+-h | | James alive, give ageyears , 1859 | 21.1 CERTIFY Ihal death occurred on the date abo 20 October 19.4 and Ihal I last saw h er alive on 21 No | 48 ,21 Novemb ovember | per 15 48 | |
| deceased (mo., day | | | If less than one day | Immediate cause of death | | . DURATION | |
| 8. AGE: Yea | | 2 | hrsmin. | Acute bronchitis | | 2 days | |
| 10. Usuat occupation | House | Work | e) | Due to | ie condin- | | |
| 12. Name | Germany | | *************************************** | Dither conditions Tel 105Cle100. | ic cardio- | | |
| | | 2.17 | | vascular disease Senili(by) de pregnancy within 3 | | | |
| E 14. Malden nam | w | eth wis | and | Major findings of operations | | | |
| Elizabeth wigand Germany Harry Knatz | | | | | | | |
| 15. informant | Ambridge, | | | Autopsy results nonemade | hich death should be charged | statistically. | |
| Burris | on, or removal. Which? | Date thereof. | Nov 25, 48 metery (day) (year) | 22. VIOLENCE: If death was due to external case Accident, suicide, or homicide | Date of | (State) | |
| Location | Lonaconin | _0 | <i>pp</i> | injured at home, farm, industry, public place (w | | | |
| 18. Funeral director. | 4/ | | la fall yell | Means of Injury | 2) XO | 049 | |
| Address LO | naconing, | Md. | 1.11 | 23. SIGNATURE | M. D. | or other | |

Registrar Address Oakland, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING VS A15

(Date rec'd by registrar)

RECEIVED

NOV 27 1943

BUREAU Y. S.

| | STATE C | OF MAR | YLAND- | CERTIFICAT | E OF | DEATH 1 | 1465 |
|--|--|--------------------|--|---|------------------|---|---------------------------|
| 1. PLACE | | S.S. | No.23 26 | 6-0526 | 1- | 74 | |
| | Garrett | | | | Regi | stration Dist. No. 2 | 172 |
| | City Rural- Ki | | (19 | NoNethken I dead occurred in a hospital or | Mine-Pe | erless | St.,Ward |
| | esidence in city or town where | | | ds. How long in U. | S. if of foreign | birth?yrs | ds. |
| | AME Charles I ence: Np. Rural - N | | m, Grant | Co, W. Vawerd. | 3Mi. | _ | / |
| PERSO | NAL AND STATIST | ICAL PART | ICULARS | MEDICA | L CERTIF | ICATE OF DE | ATH |
| 3. SEX Male | 4. COLOR OR RACE White | 5. SINGLE, MAR | RIED, WIDOWED, | 21. DATE OF DEA | Month | 4 (Day) | 48 , 193 (Yeer) |
| 5a. If married, wide HUSBAND of (or) WIFE of | owed, or divorced Amanda Marga | ret (Fgr | ribee)Kei | Cer IHERE | | , | attended deceased from |
| 6. DATE OF BIRTH | H (month, day, and year) | ugust 26 | 3,1904 | I last saw h alive o | n | one | , 19; death is said |
| 7. AGE Y | ears Months 2 | Days 8 | If LESS than 1 day,hrs. ormin. | to have occurred on the date. The PRINCIPAL CAUSE OF ware as follows: | | | |
| 8. Trade, profession, or particular kind of work done, as SPINNEMINET SAWYER, BDOKKEEPER, etc. OBL MINES work was done, as SILK MILL, SAW MILL, BANK, etc 10. Dete deceased last worked at 11. Totel time (years) | | | Sapluy | smo | Egran | YNer Y8 | |
| SAW MILL, BANK, etc | | 11. Totel | time (years) ent in this upation | - | | | |
| 12. BIRTHPLACE ((State or co | city or town) | n, Penna | a. | Other Contributory Causes of | of importance: | | , |
| I 13. NAME ME | anuel Keifer | | | | | | |
| (State | 14. BIRTHPLACE (city or town) Penna (State or country) | | Name of operation | en la | ne was | Dete of | |
| 15. MAIDEN N | NAME Anna Shipw | ray | Territoria | 23. If deeth was due to exter | | | |
| 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) | | | | Accident, suicide, or homici | Kit | lentate of injur | y XNOVIO Y8 |
| | Irs. Amanda I . Storm, W. | | | Specify whather Injury occu | rred InINDUST | My city or town, couhl MY, in HDME, or in Pl | y and State) JBLIC PLACE. |
| Abrems-C | HonCemetery Creek, Grank | | 10 | Menner of Injury SW | roll | | |
| 19. UNDERTAKER . (Address) | Otha F. Shar Blaine, W.V | pless | | 24. Was disease or injuly in | W way related | to occupation of dece | pased? yes |
| 20. FILED 900 | V6,1948 CA | Who | Registrar. | (Signed) (Address) | ting D | yuty he | likal Elan |
| | If more | blanks are needed, | address State Registrar, | 2411 N. Charles Streety Ballimo | ore, Requesting | u. S. No. 1. Old | want had. |

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| Example I | | Example II | |
|--|---------------|--|---------------|
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| Cerebral hemorrhage | July 5,1927 | Peritonitis NOV 20 1945 | 3 days ago |
| | | BUREAU V. S. | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | - | | |
| | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

| STATE (| OF MAR | YLAND- No. 216- | CERTIFICATE OF DEATH 11460 |
|--|----------------------|--------------------------------------|--|
| 1. PLACE OF DEATH County Garrett | D.D. | MO. NTO- | |
| Rurai- Ki | tzmiller | • | Registration Dist. No. 172 |
| Village or City | | | death occurred in a hospitelor institution, give its NAME instead of street and number) |
| Length of residence in city or town where | | yrsmos | ds. How long in U.S. if of foreign blrth?yrsmosds. |
| 2. FULL NAME Clarence | ATCHAIU | Verrer | If U. S. Veteran, specify WAR |
| (a) Residence: Np.W. Main | (Usual place | of abode) | St., Ward.Garrett Co., Md. |
| PERSONAL AND STATIST | ICAL PARTI | CULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE White | 5. SINGLE, MAR | RIED, WIDOWED, | 21. DATE OF DEATH (Month) (Day) (Vean) |
| 5e. If merried, widewed or diverged HUSBAND of TOTELCE Bel. (or) WIFE of | le(Sprin | g)Keller | |
| 6. DATE OF BIRTH (month, day, end yeer) Ma | y 3, 189 | 92 | I lest sew h elive on 19 ; death Is seld |
| 7. AGE Years Months 56 6 | Days 1 | If LESS than 1 dey,hrs. ormin. | to heve occurred on the date steted above, et 11:15 Am. () The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows: |
| 8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc | Miner | | aphytialian from |
| Kind of work done, as SPINNER, SAWYER, BOOKKEFPER, etc | oal Mine | S | |
| 10. Date deceesed last worked at this occupetion (month end yeer) | 11. Total ti | ime (yeers) nt In this ipation | |
| 12. BIRTHPLACE (city or town) Presto (State or country) | n Co.,W. | .Va. | Other Contributory Causes of Importance: |
| E 13. NAME Richard Kell | er | | |
| 13. NAME RICHARD KELL 14. BIRTHPLACE (city or town) | | | Name of operation. Dete of |
| (State of country) | me Stemm | ole | What test confirmed diagnosis? ————Wes there en eutopsy? Mu |
| 15. MAIDEN NAME | on Co., | | 23. If death wes due to external perses (VIOCENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) | ,011 00.,1 | | Accident, suicide, or homicide? The bate of Injury Where did Injury occur? The bate of Injury occur? |
| 17. INFORMANT Wrs. Florence | | r | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| (AddressK1-tzmiller, V1 Lig. Our IO. CHEMATOR MORE TABLEY | via. | | Industry |
| Elk Garden, W. Va. | Date 11/7 | 1948 | Menner of Injury Small |
| Otha F. Shari | | | 24. Wes disease or injuryin any way related to occupation of diseased? |
| 19. UNDERTAKER Blaine, W.VE | | | If so, specify the Cut would |
| 20, FILED 910V 6, 1948 L | waa | Nick Registrar. | ((Signed) Deputy Mental Stery |
| If more | blanks are needed, a | address State Registrar, | 2411 N. Charles Streets Baltimore, Requesting U. S. N. Caller M. M. |

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy I week ago Run over by street car Chronic interstitial nephritis 1921 1 week ago Cerebral hemorrhage Peritonitis July 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

| ADDITIONAL SPACE FOR FURTHER STAT | TEMENTS BY PHY | YSICIAN |
|-----------------------------------|----------------|---------|
|-----------------------------------|----------------|---------|

N.B.

| | ST | ATE O | F MAR | YLAND- | CERTIFICATE OF DEATH 114 | 67 |
|--------------|---|------------------|--|--------------------------|--|--------------|
| 1 | . PLACE OF DEATH | _ | | | 174 | |
| | County Garrett | ; | 2 | | 17-05-9487 Registration Dist. No. / 72 | |
| | Village or City Rure | al -Kit | zmiller | | No Nethken Mine- Peerless St., death occurred in a hospital or institution, give its NAME instead of street and numl | Ward |
| | | | | | | |
| | Length of residence in city | or town whara de | eath occurred | yrs,mos | ds. How long in U.S. if of foreign birth?yrsmos. | |
| 2 | FULL NAME Jai | mes Her | man ke. | rter | If U. S. Veteran, specify WAR Warld War 2 | |
| | (a) Residence: No. Ki | tzmill | erw Mai | n St- | St., Ward. Garrett Co., Md. If nonresident give city or town and State | |
| and the same | PERSONAL AND | STATISTIC | | | MEDICAL CERTIFICATE OF DEATH | .e |
| 3, 3 | SEX 4. COLOR | | 5. SINGLE, MAR | RIFD. WIDOWED. | 21. DATE OF DEATH | |
| | Male Whit | e | Wa have | (write the word) | Morth (Day) | 48 |
| 5e. | If married, widowidgedivered HUSBAND of | a J. (P | arlette | e)Keller | (month) (bay) | (Taal) |
| | (or) WIFE of | | 223 | rs. | 22. I HEREBY CERTIFY, That I attended dece | eased from |
| 6. 1 | DATE OF BIRTH (month, day, a | nd year) Jun | e 14, 1 | .905 | I last saw h alive on ; de | eath is said |
| 7. / | AGE Years | Months 4 | 20 Days | If LESS than 1 day,hrs. | to have occurred on the date stated above, at //2/15/A.m. (?) | |
| | 43 | 7 | 20 | ormin. | The PRINCIPAL CAUSE OF DEATH and ralated causes of Importence | ata of onset |
| N | 8. Trade, profession, or parti kind of work dona, as | CUIAT SPINNER MT | ner | | lishlypation from | |
| TIC | SAWYER, BUUKKEEPE | R, etc | | | Joinsly 5 | fNor 4 |
| OCCUPATION | 9. Industry or businass in w work was done, as S1L SAW MILL, BANK, etc. | K MILL, CO | al Mine | S | | |
| S | 10. Data deceased last worke this occupation (month | | | ime (years) ntin this | | |
| | yaar) | | sper occi | nt in this ipation | | |
| 12 | BIRTHPLACE (city or town) | Blaine, | | | Other Contributory Causes of Importance: | |
| 14. | (| | . W. Va | • | | м. |
| ER | 13. NAME Richard | Keller | | | | - A', |
| FATHER | 14. BIRTHPLACE (city or town |) | V 10 E 1 | | Name of operation Thomas Date of | |
| - | (Stata or country) | w.va | | | Whet test confirmed diagnosis? Was there an auto | psy? hu |
| ER | 15. MAIDEN NAME Rebecca Jane Stemple 16. BIRTHPLACE (city or town) Preston Co., | | 23. If death was due to external causes (VIOLENCE) fill in elso the following; | | | |
| OTF | | | Accident, suicide, or homicide Control Dete of Injury 4 No | 49 48 | | |
| Σ | (Stata or country) | | | N.Va. | Where did injury occur? Killymulles , Ma | |
| 17. | INFORMANT Virgini | | | | Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. | |
| | (Address) Kltzm | | | | Industry | |
| 18. | BURIAL TORENATION DR REN | | | O to Friday | Menner of Injury | |
| | Placa Elk Gard | | | 7, 1948 | Neture of injury Smoke | |
| 19. | UNDERTAKER O.F. SI | harples | SS | | 24. Was disease or injury in any way related to occupation of decessed? | 4 |
| | UNDERTAKER Blaine | , W.Va. | | | If so, specify while at work | |
| 20. | FILED MOV 6, 19. | 48 G | WHBa | Registrar. | (Signad) Address Spirity Mydica | Eye. |
| | | If more b | lanks are needed, | address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. Realfil Colonibill W. D. Ketguelle: W | te |

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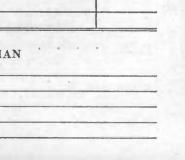
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|--|---------------|--|---------------|
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| | | BUREAU V. S. | |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis ' | 1 year |
| | | * | |
| | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



| STATE | OF MARYLAND- | CERTIFICATE OF DEATH |
|--|--|--|
| 1. PLACE OF DEATH | | 11400 |
| County Garrett | | Registration Dist. No. 172 |
| Village or City Rural - K | itzmiller | Niethken Mine at Peerlesst, Ward f death occurred in a horpital or institution, give its NAME instead of street and number) |
| Length of rasidence in city or town whe | re deeth occurredyrsmo | sds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME Martin | Davis Keller | If U. S. Veteran, specify WAR World War 1 |
| (a) Residence: No.Kitzmi | ler W. Main Street | |
| (5) | (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATIS | STICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Male 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOWED, OR DANGE (write the word) | 21. DATE OF DEATH (Month) (Month) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of S.S. No. | 216-01-4889 | 22. I HEREBY CERTIFY, That I ettended deceased from |
| 6. DATE OF BIRTH (month, day, and year) | igust 22, 1888 | i last saw haliva on 19; deeth is said |
| 7. AGE Years Months 2 | Days If LESS than 1 day,hrs. ormin. | to have occurred on the date stated above, at |
| 8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc | Miner | smoke from |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc | Coal Mines | (T.F.L.) |
| 10. Date deceased last worked at this occupation (month and year) | 11. Total tima (years) spent in this occupation | |
| (State or country) Preston | | Other Contributory Couses of importance: |
| 2 13. NAME Richard Kell | er | |
| 13. NAME RICHARD KELL 14. BIRTHPLACE (city or town) (State or country) | w. V a. | Neme of operation. Date of |
| 700000 | Jane Stemple | What test confirmed diagnosis? Was there an autopsy? |
| - | eston Co.,W.Va. | 23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicida, or homicide? |
| Mrs. Anna (| | Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in LYDUSTRY, in HOME, or in PUBLIC PLACE. |
| | Va. | Industry |
| Elkergarden W. Va | Date 11/7 ,1948 | Manner of injury Andrew |
| 0.F. Sharp 19. UNDERTAKER Blaine, W. | less Va. | 24. Wes disease or injury in any way related to occupation of deceased? |
| 20. FILE POV 6 , 19 48 | auroanica Registar. | (Signad) Compas & State M.D. (Address) Compassion of the Compassio |
| If m | ore blanks are needed, address State Registrar | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | 1 | Example II | |
|--|---------------|--|---------------------------|
| The principal cause of death and related causes of importance were as follows: Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car Nov 90 1948 | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| | | BUREAU V. S. | |
| Other contributory causes of importance: | May 1,1923 | Other contributory causes of importance: Gastroenteritis | 1 year |
| | | | |

| | ADDITIONAL | SPACE : | FOR | FURTHER | STATEMENTS | BY | PHYSICIA | N |
|--|------------|---------|-----|---------|------------|----|----------|---|
|--|------------|---------|-----|---------|------------|----|----------|---|

V. S. No. 1

| STATE O | F MARYLAND— | CERTIFICATE OF DEATH 114 | 6:1 |
|--|---|--|--------------|
| 1. PLACE OF DEATH | | 8300 / (| 6 |
| County Garrett | | Registration Dist. No. / O | |
| Village or City Oakland | (I | No. St., St., f death occurred in a hospital or institution, give its NAME instead of street and numb | Ward |
| Length of residence in city or town where de | | sds. How long in U.S. if of foreign birth?yrsmos | |
| 2. FULL NAME Charles H | Harry Loar | If U. S. Veteran, specify WAR | |
| (a) Residence: No. | Second. (Usual place of abode) | St., Ward. If nonresident give city or town and State | 8 |
| PERSONAL AND STATISTIC | CAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| 3. SEX 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOWED, OR SIYORCED (write the word) | 21. DATE OF DEATH November 16, (Month) (Day) | 18 (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | | 22. I HEREBY CERTIFY, That I attended dece gan. 11. 1946 to Member 15 | ased from |
| 6. DATE OF BIRTH (month, day, and year) Jan | nuary 5, 1860 | I last saw him alive on november 15, 1948; de | |
| 7. AGE Years Months 10 | Days If LESS than 1 day,hrs. | THE RINGE CAUSE OF DEATH and related causes of importance | |
| 8. Trade, profession, or particular kind of work done, as SPINNER, Me SAWYER, BOOKKEEPER, etc. | | Parker Herringhages 2 | te of onset |
| 9. Industry or business in which work was done, as SILK MILL. | eneral | Q 1 | 10/19 |
| SAW MILL, BANK, etc | 11. Total time (years) spent In this ——— occupation | moreus francisca - 2 | Bug |
| 12. BIRTHPLACE (city or town) Piedmon | | Other Contributery Causes of importance: | 11 |
| (State or country) | | Semlete | |
| 13. NAME David Henry Lo | | / | |
| 14. BIRTHPLACE (city or town) Oaklar (State or country) | nd, Maryland. | Name of operation | |
| I IS. MAIDEN NAME Mary Cathe | erine Wheeler | 23. If death was due to external causes (VIOLENCE) fill in also the following: | sy/ |
| 16. BIRTHPLACE (city or town) (State or country) | nd, Md. | Accident, suicide, or homicide? Date of injury Where did injury occur? | . 19 |
| 17. INFORMANT Miss Grace Lo | | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. | 3. |
| 18. BURIAL, CREMATION ON REMOVAL | Dete Nov. 18, 1948 | Manner of Injury | |
| 19. UNDERTAKER / Verler Was | Leighton iryland | 24. Was disease or injury in any way related to occupation of deceased? Us | y |
| 20. FILED // / 8 19 + 8 10 | liallower Registrar. | (Signed) Chicarus England His | M. D. |
| If more b | lanks are needed, address State Registrar, | , 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. | 7 |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example 1 | 11 | Example II | | |
|--|---------------|---|--|---------------------------|
| The principal cause of death and related causes of importance were as follows: Arteriosclerosis | Date of onset | The principal of importance | cause of death and related causes were as follows: | Date of onset 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by str | et car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | NC/ 27 DAG | 3 days ago |
| | | 4 | BUREAU Y. 8 | |
| Other contributory causes of importance: Gallstones | May 1,1923 | Other contributory causes of importance: Gastroenteritis | | 1 year |
| | | | | |
| | | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

UNFADING INK. Supply every item of information carefully. I ant. Physicians: please write the causes of death clearly and legi

SA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1147972

| Street Ro. Main Street Street Ro. Main Street Now long in hospital or institution? Street Ro. Main Street Street Ro. Main Str | OBRITITO III | Reg. Dist. No |
|---|--|---|
| Male White Married 8. (b) Hame of husband or wife and Elizabeth (Martin) (Crockenzle) (Males) (McGovern) 1. Birth date of deceased (mon. day, yr.) Nov. 8, 1884 8. AGE: Years Months Days If less than one day 0 10 hrs. min. 9. Birthplace Miner Retired 10. Usual occupation Coal Mines 11. Industry or business 12. Name Aslaman Margaret Higgins 13. Birthplace Margaret Higgins 14. Maiden name Margaret Higgins 15. Birthplace Margaret Higgins 16. Birthplace Margaret Higgins 17. Birthplace Margaret Higgins 18. Informant Kitzmiller, Md. | County KITZMILLER City or town (If outside city or town limita, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Main Street How long in hospital or institution? | (For newhorn infants give residence of mother) Maryland State Kitzmiller City or town (If outside city or town limits, write RURAL and give nearest town) Street No. Main Street (If rural, give LOCATION) |
| Jean Elizabeth (Martin) (Crouse of husband or with least source of that lattended deceased from the CKenzle) (Males) (McGovern) 5.60 if alive, give age 69 19.7 10. | Male White Married | Nov. 18 48 //30 % |
| Mrs. Joseph McGovern Kitzmiller, Md. Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistica | 7. Birth date of deceased (mo., day, yr.) Nov. 8, 1884 8. AGE: Years Months Days If less than one day 10 hrs. min. 9. Birthplace Tostburg, Allegany Co., Md. (Town. county, and atate) Miner - Retired 10. Usual occupation COSI Mines 11. Industry or business 12. Name Solomon mc Source 13. Birthplace Solomon mc Source 14. Name Solomon mc Source 15. Name Solomon mc Source 16. Name Solomon mc Source 17. Name Solomon mc Source 18. AGE: Years Months Days If less than one day 11 12 13 15 15 15 15 15 15 15 | Immediate cause of death Duration Due to Dither conditions (Include pregnancy within 3 months of death) |
| Cemetery or crematory (City or town) (County) (State) Elk Garden, W.Va. Mineral Co. Location Otha F. Sharpless Means of injury Address 23. SIGNATURE Address M. D. or other M. D. or | Mrs. Joseph McGovern Kitzmiller, Md. Address TBurial (Burial, cremation, or removal Which?) Cemetery or crematory Elk Garden, W.Va. Mineral Co. Location Otha F. Sharpless Address Address | Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide |



THE PROPERTY OF STREET

and the second second

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH 1. PLACE OF DEATH: Garett 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) information carefully of death clearly and How long in above place of death? 50 Years (If outside city or town limits, write RURAL and give nearest town) Hospital, Institution, or street address where death occurred: (If rural, give LOCATION) How long in hospital or institution?... 3. (a) FULL NAME 3. (b) Social Security Number Annie Catherine Miller None 6.(a)Single, married, widowed, or divorced 5. Color or race MEDICAL CERTIFICATION Widowed 20. DATE OF DEATH. November 19 19.48 21430 a Samuel 21. I CEADEY matteath occurred on the date above stated: that I attended deceased from Miller 6.(b) Name of husband or wife 6.(c) If alive, give ageyears Febuary 2- I86I deceased (mo., day, yr.) If less than one day 8. AGE: (Town, county, and atate) House Work 11. industry or business 12. Name SAI 12 Name Samuel Willhelm Garett Co (Include pregnancy within 8 months of death) Barbra Lenhart Major fiediogs of operations..... Not Knowen 15. Birthplace 16 Informant Mahlon Miller PHYSICIAN: Please underline the caose to which death should be charged statistically. Address R.D.2. Accident. Garett Co. Md 22. VIOLENCE: tt death was due to external causes, fill in the following; PLA] Date thereof II-2I-T948 17. Burial (Burial, cremation, or removat, Which?) Accident, suicide, or homicide..... Cemetery or Welking Bear Creeck Where did tojury occur? (City or town) RITE Lecation Rural Near Accident Md tnjured at home, tarm, industry, public place (where?) Means of Injury Grantsville 23. SIGNATURE



PLEASE WRITE

A15 VS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

| | | | CERTIFICAT | TE OF DEATH Reg. Dist. No. | | |
|---|--|----------------------|---|--|--|--|
| 1. PLACE OF DEATH; County | | | | 2. USUAI. RESIDENCE (HOME) OF DECEASED: (For rewborn infants give residence of mother) Stata Maryland County Garret City or town Oakland, Maryland. (If outside city or town limits, write RURAL and give nearest town) Straet No. (Urufani, The LOCAPION) 2.(a) If veleran, name was full for the control of the city of the control of the city of the ci | | |
| 3. (a) FULL NAM | ME | | | 3. (b) Social Security Number | | |
| Ge | eorge Dale | ey Nine. | | 12/2-03-4613 | | |
| 4. Sax | 5. Color er raca | 8.(a)Singla, marriad | , widowad, or divorcad | MEDICAL CERTIFICATION | | |
| Male | White | Singl | .e. | 20, DATE OF DEATH November 2) 1948 21 | | |
| 6.(b) Name of husband or wifa | | | | 21. I CERTIFY that death occurred on the data above stated; that I attended deceased from | | |
| 7. Birth data of decaasad (mo., day, | octo | ober 19th | 1916 | and that I last saw h | | |
| 8. AGE: Y22 | | | s than one day | Immediate caupy of death | | |
| 32 | 2 1 | 2 | hrs min. | Cerme Nemental | | |
| 11. Industry or busine | Service S | | ttendant. | Due to Dead about 36 hours before found. | | |
| 12. Nama Irvin M. Nine. 13. Birthplace Garrett County. | | | | Dihar conditions | | |
| | | | | (Include pregnancy within 8 months of death) | | |
| 14. Maidan nama Minnie A. Paulie. 15. Birtholace Brookside, W. Va. | | | | Major fiadings of aperations. | | |
| 15. Birthplace | Brook | kside, W. | Va. | Date of op. | | |
| 18. Informant | r. Walter Grant Town | L. Nine. | | Antuppy results | | |
| 17. Burial, crematio | grial on, or removat. Which?) storyOakla | | vember 25/4 (month) (day) (year) etery. | 22. VIOLENCE: If death was due to axternal causes, fill in the following: Accident, suicide, or homicide | | |
| Location Oakland, Maryland. 18. Funaral director Europ D. Bolden. | | | | Where did Injury occur? (City or town) (Sounty) (State) Injured at home, farm, industry, public placa (where?) Maans of Injury Color injury at work? | | |
| Address A | aklal | Que la | Mal. | 23. SIGNATURE Co. J. Caum gar Franks. Hamme | | |
| 19. (Date rec'd by r | registrar) | 0000 | Registrar | Addrass Dallandme Date signed 11 k 4 18 | | |

War Record;

Technician 5th Grade Co. C. 1397th Engineer Construction Battalion.

Speat 3 yrs in the Pacific Theatre. Was discharged Dec, 3, 1945



PLEASE

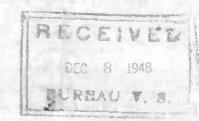
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

| 1. PLACE OF D | | | | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For provious infants give residence of mother) | | | |
|--------------------------|--|---|---|--|--|--|--|
| City on town | . Lake F | ark, M | C . URAL and give nearest town) | State Maryland county Garrett | • | | |
| City of 10wn(1f | outside eity or town | limits, write R | URAL and give nearest town) | | | | |
| How long in above pla | ce of death? | o days | • | City or town. Mt. Lake Park, Md. (If outside city or town limits, write RURAL and give near | est town) | | |
| Hospital, Institution, I | or etreet address wher | e meann occurred | \$ | Street No. | ************** | | |
| | 4 | *************************************** | *************************************** | (If rural, give LOCATION) | | | |
| | or Institution? | | · | 2.(a) If veleran, name war | | | |
| 3. (a) FULL NAM | | | | 3. (b) Social Security N | umber | | |
| | | | ean Noland. | | | | |
| 4. Se1 | 5. Color ar race | B.(a)Singi | e, married, widowed, or divorced | MEDICAL CERTIFICATION | P.W. | | |
| Male | White | | | 20. DATE OF DEATH November 20th 168 | 111:2 | | |
| A 413 N | 4 | | | 21. I CERTIFY that death occurred on the date above efated: that I attended decease | ed from | | |
| | | | | November 17 18 4 8 10 November | 1 2019 48 | | |
| | | | e) If alive, give ageyeare | and that I last eaw h LAQalive on | 1948 | | |
| | | | h, 1948. | Immediate cause of death Cereforal hemorrhage | DURATION | | |
| 8. AGE: Yes | | Daye | If lese than one day | or rapidially fatal meningitis - | 4 115 | | |
| | 0 0 | 3 | hrsmin. | | | | |
| 9 Birthniace | It. Lake | Park. | MG . | Due to Brigenital Messaccele-ruptured | *************************************** | | |
| J. 511 (11) | (Town | , eounty, and | state) | when both. | personant contract (c | | |
| 10. Usual occupation | k | | | Due lo | | | |
| tt. Industry or busine | | | | | | | |
| t2. NameRC | y Eugene | Nolar | ıd. | Other conditions | | | |
| | | s, Ohi | .0. | (Include pregnancy within 3 months of death) | | | |
| 14. Maiden nam | . Betty I | oris S | Smith. | | | | |
| E Is. Marten man | Mi Dro | W. Va | | Major findings of aperatians. | | | |
| | | | | | | | |
| 16. Informant | | | ıd. | Actorsy results PHYSICIAN: Please underline the cause to which death should be charged a | tatistically. | | |
| Address | Mt. Lak | e Park | , Md. | | | | |
| Bur | nial | Date ther | eof Nov 22d/48 (month) (day) (year) | 22. VIOLENCE: tf death was due to external causes, fill in the following: | | | |
| (Burial, crematic | on, or removal, Which | 17) | | Accident, suicide, or homicide | | | |
| Cemetery or crema | Hory Vaklar | d Ceme | etery. | Where did injury occur? | (State) | | |
| Location Oak | cland, Md | • | | Injured at home, farm, Industry, public place (where?) | | | |
| 5 , and No. 1 day | | | | Meane of Injury / Injured at work? | | | |
| 18. Funerat director. | my | | ne | 1/1 2 0 min | 7,0 | | |
| Address | atte | a | · Ma, | 23. SIGNATURE HArold (. Miller) | MP, | | |
| 10/1/2: | 2/ 104 | 8 pr | elia 9 / Jawa | M. D. o | 1/24/48 | | |
| | ************************************** | 7 / / / / | | The Company of the contract of | II WT I LLX | | |



2411 N. Charles St., Baltimore

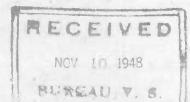
CERTIFICATE OF DEATH

Reg. Diat. No....

| 1. PLACE OF DEATH: County. Garrett | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) | | |
|---|---|--|--|
| County, Garrett Mt Take Perk | | | |
| City or tow Mt. Lake Park (If outside city or town limits, write RURAL and give nearest tow | | | |
| How long In above place of death? 6 Months | City or townCumberland(If outside city or town limits, write RURAL and give nearest town) | | |
| Hospital, Institution, or street address where death occurred: | 1825 Frederick St. | | |
| Kiser Nursing Home | | | |
| low long in hospital or institution? | 2.(a) If veteran, name warNot a veteran | | |
| 3.(a) FULL NAME Cora Belle Puffinburger | 3. (b) Social Security Number | | |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Widowed | MEDICAL CERTIFICATION | | |
| Female Whate Widowed | 20. DATE DF DEATH 1 November 1, 18 48 , 5:00 P. | | |
| 5.(b) Name of husband or witWilmer P. Puffinburger | 21.1 CERTIFY that death occurred on the date above stated; that I attended deceased from 26 May 1948 19. 10. 1 Nov. 19.48 | | |
| 7. Birth date of Table 2000 Co. | years and that I last saw h er alive on 31 Oct. | | |
| deceased (mo., day, yr.) Jan. 12,1880 | | | |
| 8. AGE: Years Months Days It less than one day | Immediate cases of death | | |
| 62 9 19hrs. | | | |
| Mineral Co. W. Va. | Due to Arteriosclerotic Cardio | | |
| 9. Birthplace. Mineral Co. W. Va. (Town, county, and state) | wescular disease | | |
| 10. Usual occupation Housewife | Due to. | | |
| 11. Industry or business Home | Due to. | | |
| 12. Name Phillip Abe | | | |
| 12. Name | | | |
| | (Include pregnancy within 3 months of death) | | |
| 14. Malden name Elizabeth A. Largent | Major findings of operations. none done | | |
| 15. Birthplace Unknown | Date of op. | | |
| 16 Informant Mrs Mary Kiser | | | |
| Mt Take Perk Md | PHYSICIAN: Please underline the cause to which death should be charged statistically. | | |
| Address | 22. VIOLENCE: If death was due to external causes, fill in the tollowing; | | |
| (Burial, cremation, or entoyal, Which?) Pate thereof manth) (day) (ve | Accident, suicide, or homicide | | |
| | | | |
| Cemetery of orematory. The Company of Mallie | Where did injury occur? | | |
| Location Cemples Condy / flo | Injured at home, farm, industry, public place (where?) | | |
| 18. Funeral director fortyn Hofer | Means of Injury Injured at work? | | |
| | 2 2 2 2 2 2 2 2 | | |
| Address Jumber and 4/10 | 23. SIGNATURE Tromas 2. Lusty Mrs. M. D. or other | | |
| 10 1/4/ 10 4/ Aulia 4. Xa | wan Calaland Md | | |
| 19. (Date rec'd by pegistrar) | Legistrar Address Oakland, Md. Date signed 1 Nov 48 | | |

MARGIN RESERVED FOR BINDING

VS A15



1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

| E OI DEATH | Reg. Diat. No. |
|---------------------------|---|
| Street No | Coucity Country I imits, write RURAL and give nearest town) |
| 2.(a) it reterm, name was | |
| | 3, (b) Social Security Number |
| | |

| City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? | City or town / (If outside city or town limits, write RURAL and give nearest town) Street No |
|--|--|
| 3. (a) FULL NAME O They | 3. (b) Social Security Number |
| M. Sex S. Color or race 6.(a) Single, married, wildowed, divorced must be supported. | MEDICAL CERTIFICATION 20. DATE OF DEATH. Navember 25 1948 39 |
| 6. (b) Name of husband or wife | 21. I CERTIFY that death occurred on the state above stated; that I attended deceased from November 19.48, to Nov 24, 19.48 and that I last saw harmalive on Markenbus 24, 18.48. Immediate cause of death DURATION Chronic Mysearders 2.743 |
| 9. Birthplace | Due to. |
| 11. Industry or business 12. Name Pady Prilly 13. Birthplace 14. Maiden name Janu Woorly 15. Birthplace — Wa | Other conditions |
| 16. Informant Ence P3011C Address P11 Bate thereof Nov. 2 6, 1948 (Burial American Which?) | Actopsy results |
| Cemetery or ownstery Johnson Street Street and Location Theory France and 18. Funeral director The Management of the Street Stre | Whers did Injury occur? |
| 19. Mov 25 19. 48 Miss. Kalkrys 7 ile. (Date rec'd by registrar) Registrar | 23. SIGHATURE Milton Cepfer M. D. or other M. D. or other Address Frendsville md. Date signed Nov 26, 1943 |

RECEIVED

DEC 3 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, is especially

| if INK. Supply every item of information carefully, the correct against please write the causes of death clearly and legibly. | 00 | |
|---|--------|-------|
| INK. Supply every item of information carefully. The corrections: please write the causes of death clearly and legibly. | 4 | |
| INK. Supply every item of information carefully. The edirections: please write the causes of death clearly and legibly. | 100 | |
| INK. Supply every item of information carefully. The cdrr cians: please write the causes of death clearly and legibly. | 183 | |
| INK. Supply every item of information carefully. The concious: please write the causes of death clearly and legibly. | E . | 1 |
| INK. Supply every item of information carefully. The cians: please write the causes of death clearly and legibly. | -6 | |
| INK. Supply every item of information carefully. The cians: please write the causes of death clearly and legibli | 0 | - |
| INK. Supply every item of information carefully. In cians: please write the causes of death clearly and legit | 0 - | =/ |
| INK. Supply every item of information carefully. I cians: please write the causes of death clearly and leg | 5: | 3 |
| INK. Supply every item of information carefully, cians: please write the causes of death clearly and le | - | 90 |
| INK. Supply every item of information carefully cians: please write the causes of death clearly and | | 9 |
| INK. Supply every item of information carefull cians: please write the causes of death clearly an | 3. | 73 |
| INK. Supply every item of information carefucians: please write the causes of death clearly a | - | Ē |
| INK. Supply every item of information carecians: please write the causes of death clearly | F | ದ |
| INK. Supply every item of information carcians: please write the causes of death clearly | 0 | > |
| INK. Supply every item of information of cians: please write the causes of death clean | ~ ~ · | = |
| INK. Supply every item of information cians: please write the causes of death cle | 3 | 35 |
| INK. Supply every item of information cians: please write the causes of death c | c. | e |
| INK. Supply every item of informaticians: please write the causes of death | 0 | O |
| INK. Supply every item of informa cians: please write the causes of deatl | | c |
| INK. Supply every item of inform cians: please write the causes of dea | ल | = |
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| | 7 7 | P.) |

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940

Reg Diet No. 6 6

CERTIFICATE OF DEATH

| 1. PLACE OF DEATH: County Garrett | 2. USUAI. RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) | | |
|--|---|--|--|
| Daleland Manueland | State Maryland county Garrett | | |
| (If outside city or town limits, write RURAL and give nearest town) | City or town Oakland, Md. (If outside city or town limits, write RURAL and give nearest town) | | |
| How long in abore place of dealh? | | | |
| | Sireet to World War #1(1) 86622 | | |
| How long in hospital or institution? | 2kg/k veleran, dame war. World War #1(1) 86622 | | |
| 3. (a) FULL NAME | 3. (b) Social Security Number | | |
| Charles Milton Sincell. | 219-14-6313 | | |
| 4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced | MEDICAL CERTIFICATION | | |
| Male White Divorced. | 20, DATE OF DEATH 105, 12 19.48 at 12.78 M | | |
| 8.65) Name of husband or wife Irene Brann Sincell-Second | 21. I GERTIFY that death occurred on the date above etaled; that I attended deceased from | | |
| int This - Gladys Van Claron affire saul years | Hamis often Orall 19 | | |
| 7. Birth date #1 deceased (mo., day, yr.) April 16th 1883 | and that I last saw halive on | | |
| 8. AGE: Yeare Months Days If less than one day | Immediate cause of death | | |
| 60 6 27hremin. | | | |
| Jakland, Maryland. | Due to | | |
| 9. Birthplace Jakland, Maryland. (Town, county, and state) | 905 (4 | | |
| 1D. Usual occupation Civil Engineer. | Que to | | |
| 11. Industry or businees Garrett Co. Maryland. | | | |
| Edward H. Sincell. | Diher conditions | | |
| 12. Name Edward H. Sincell. 13. Birthplace Fredrick, Md. | | | |
| 14. Maiden name Sarah Wells Button. | (Include pregnancy within 3 months of death) | | |
| 14. Maiden name Sarah Wells Button. 15. Birthplace Newport, R. I | Major findings of operations. | | |
| S. 1. haytor. | Date of op. | | |
| 16. Intermant | Autopsy results | | |
| Address Oakland, Md. | 22. VIOLENCE: If death was due to externat causee, fill in the following: | | |
| Purial (Burial, eremation, or removal, Whiteh?) Bate thereof (month) (day) (year) | Accident, suicide, or homicide | | |
| Cemetery or crematory Oakland Cemetery. | Whera did Injury occur? (City or town) (County) (State) | | |
| | | | |
| Location Oakland, Md. | Injured at home, farm, Industry, public place (where?) Meene of injury Injured at work? | | |
| 18. Funeral director AND OR Alexander | meene of injury | | |
| Address Calland. Ma. | Cod Some Roother This. Externer | | |
| Man 151 48 Xali Axam | 23. SIGNATURE M. D. or other | | |
| (Date rec'd by registrar) Registrar | Addrese Dakland Mo Date signed 11/12/48 | | |

RECEIVED NOV 20 1948 BUREAU V. S. Charles Market Market 1945

V. S. No. 1

| 1 | S | STATE C | F MAR | YLAND- | CERTIFICATE OF DEATH | 177 | |
|--|--|----------------|---|-----------------------------------|--|---------------|--|
| : | 1. PLACE OF DEA | TH | | | 938 | | |
| | County Garre | ett | | | Registration Dist. No. / 6 | 6 | |
| | Village or City M | t. Lake | Park | | NoSt. | Ward | |
| 3 | Length of residence in | | | 5 | death occurred in a hospital or institution, give its NAME instead of street and nur | nber) | |
| | 2. FULL NAME | Catherin | e Tishu | A | ds. How long in U.S. if of foreign birth?yrsmos. | ds. | |
| | | | 01 | F. | If U. S. Veteran, specify WAR | | |
| | (a) Residence: No. | Make | (Usual place | | St., Ward. If nonresident give city or town and St | ate | |
| | PERSONAL AL | ND STATIST | ICAL PARTI | CULARS | MEDICAL CERTIFICATE OF DEATH | | |
| | | or or RACE | 5. SINGLE, MARI OR, DIVORCEI W LCOW | RIED, WIDOWED, D (write the word) | 21. DATE OF DEATH November 17, (Month) (Dey) | 948 (Year) | |
| 5a | . If married, widowed, or div HUSBAND of Jack (or) WIFE of | kson E. | Tishue | | 22. HEREBY CERTIFY, Thet Jattended de | | |
| V | (| Λ ». | - mad 27 | 1067 | 12 Nov ,1948, to 16 Nov | ., 19 48 | |
| - | DATE OF BIRTH (month, d | ay, and yeer) | igust 31 | - | I lest saw h walive on 13 war 1948; to have occurred on the date stated above, et 6:00A m | deeth is said | |
| 7. | AGE Years 81. | Months 2 | Days 16 | If LESS then 1 day,hrs. | to have occurred on the date stated above, etm. The PRINCIPAL CAUSE OF DEATH and related causes of importance | | |
| - | | | 1 20 | ormin. | water as follows: | Date of onest | |
| NO | 8. Trade, profession, or kind of work done SAWYER, BOOKKE | as SPINNER. HC | use Wif | е | Arterio-sclarous | | |
| OCCUPATION | | | yn U ma | | Caraca accept | | |
| CC | 9. Industry or business work was done, es SAW MILL, BANK, | | | | Congestive heart Jarline Other Contributory Causes of Importance: | | |
| 8 | 10. Date deceased last we this occupation (m | onth and | | it in this | | | |
| - | yeer) | | . ~ | Pa . | | | |
| 12 | . BIRTHPLACE (city or town (State or country) |) | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 1 CL 0 | | | |
| 2 | 13. NAME Adam | Sumey | | | | | |
| FATHER | | Dox | ma. | | none | | |
| FA | 14. BIRTHPLACE (city or to (State or country) | town) | | | Neme of operation Date of What test confirmed diagnosis? We was there en aut | | |
| ER | 15. MAIDEN NAME | annah Bu | rnworth | | 23. If death wes due to external causes (VIOLENCE) fill in also the following: | ipsy! | |
| MOTHER | 16. BIRTHPLACE (city or t | Unkno | own | | Accident, suicide, or homicide? Date of injury | . 19 | |
| ž | (State or country) | | | | Where dld Injury occur? | | |
| 17. | INFORMANT | Ella Mu | | | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. | | |
| | (Address) Mt. | Lake Pa | rk, Md. | | | | |
| 18. BURIAL, OR MANYON OF REMOVAE NO. Date 11/20/48 | | | | | Menner of Injury | | |
| Place Date 19 19 | | | | | Neture of injury | | |
| 19. UNDERTAKER Verker C. Lagues (Address Oakland, Naryland | | | | | 24. Was disease or injury In any way related to occupetion of deceased? | un | |
| 20 | FILED 11/201 | 1948 | elia a | Howar Registrar. | (Signed) howard, with the state of the state | M. D. | |
| | | If more | Planks are needed, a | ddress State Registrar, | 2411 N. Charles Street, Baltimore, Requesting V. S. No. 2. | | |

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, ctc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | 11 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis NCV 27 | 3 days ago |
| | | BURBALL | |
| Other contributory causes of importance: | - | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-------|-----|---------|------------|----|-----------|
|------------|-------|-----|---------|------------|----|-----------|

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Rev. Diat. No.

| | CERTIFICAT | E OF DEATH Reg. Diat. No. |
|---|--|--|
| 1 | 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (Fog newborn/infants give residence of motifier) |
| | City op town (If outside city or town limits, write RURAL and give nearest town) | State List & Dolumbur |
| | How long th above place of death? Fy | City or town (If outside city or flowed limits, write RALEAL and give nearest town) |
| | Hotelial, institution, or street address whole death occurred. | Street No. 5 (If rural, give LOCATION) |
| | How long In hospital or institution? | 2.(a) If yeleran, name was the |
| | 3. (a) FULL NAME Wild Henry | Trotter 3.(b) Social Security Number |
| 1 | Sex 5. Color or race 8.(a) Single. married, widowed, or divorced | MEDICAL CERTIFICATION 20. DATE OF DEATH OVERSLEY 20 19 48 15: 10 Mm |
| | 6.(b) Name of husband or All ary Ellin Tratter | 21. I CERTIFY that death occurred on the date above etated; that I attended deceased from |
| | 7. Birth date of years | and that I last ear harmalive on 19 Nov. 18 48 |
| | 8. AGE: Years Months Days if less than one day | Immediate cause of death Neart Failure DURATION 2 Days |
| | 90 10 23 m.hrsmin. | |
| | 9. Birthpiete Town county, and sate) | Due to arterio - selevatic |
| | 10. Usual ogcupation Telice Layerment Haske | Due to |
| | 11. industry opportes led Haley Government | 0 |
| | 12. Name and with | Other conditions |
| | | (Include pregnancy within 3 months of death) |
| | 14. Maiden name to wheth Storilas | Major findings of operations. Date of op. |
| | 18. Interment on the Tratter- Ann | Antopsy results |
| | hadros Noshmeylon D. C. | PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, flif in the following: |
| | (Burlal, cremation, or pemokal, Which?) Date thereof. (month) (day) (year) | Accident, suicide, or homicide |
| | Cemetery of erematory lurous completely | Where did injury occur? |
| | Location Luigia west for | Injured at home, farm, industry, public place (where?) |
| | 18. Funeral director Mayne to Sysingle | Means of Injury Injured at work? |
| / | Address David It est hal. | 23. SIGNATURE Traces 2 - Levely M. D. |
| | (Date rec'd by registrar) | Address Oahland, Wg. Date signed 20 Nor 48 |

PLEASE WRITE PLAINLY, WINE INFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

